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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number 10/017,905-Conf. #7853	Filing Date December 14, 2001
		First Named Inventor Paul Ridker	Examiner Name G. R. Ewoldt
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1644	
TOTAL AMOUNT OF PAYMENT	(\$) 1,110.00	Attorney Docket No. B0801.70238US00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u>	Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES	Small Entity	
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims _____ - or HP = _____ x _____ = _____	Fee Paid (\$) _____	Multiple Dependent Claims	
Fee (\$) _____	Fee Paid (\$) _____		
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims _____ - or HP = _____ x _____ = _____	Fee Paid (\$) _____		
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE
 If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ - 100 = _____	Extra Sheets _____ / 50 = _____ (round up to a whole number) x _____ = _____	Fee (\$) _____	Fee Paid (\$) _____
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4. OTHER FEE(S)
 Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00

SUBMITTED BY			
Signature _____	Registration No. (Attorney/Agent) <u>55,151</u>	Telephone <u>617.646.8000</u>	
Name (Print/Type) <u>Roque El-Hayek</u>	Date <u>September 21, 2009</u>		

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: September 21, 2009	Electronic Signature for Trish McDonald: /Trish McDonald/